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TRAVEL PAY BRIEF

Personnel Policy Guidance (PPG)

Chapter 8, para 8-3 p. (3)

“Soldiers ordered to active duty at a CONUS location outside the local commuting area of their principal residence, are entitled to travel pay from the principal residence to the duty station and then back to the principal residence upon completion of the active duty tour. These soldiers are also authorized per diem during the entire period of active duty. Per diem will be reduced when government quarters and mess are available.”

Personnel Policy Guidance (PPG)

Chapter 8, para 8-3 p. (4)

“RC Soldiers ordered to duty at a location within the local commuting area of their principal residence are entitled to travel pay to their duty station on the first day, and from the duty station to their residence upon release from active duty on the last day. **They are not authorized per diem or mileage during the remainder of the active duty tour.**”

Top 10 Reasons For Problem Vouchers

- ✓ **Missing Traveler/Reviewer/Approving Official Signatures/Dates**
- ✓ **Missing Orders**
- ✓ **Missing Receipts/ Invalid Receipts**
- ✓ **Meals not Identified When Claiming Registration Fees**
- ✓ **Expenses Claimed but not Authorized in Orders**
- ✓ **Block for Mileage not checked/ Owner Operator not Claimed**
- ✓ **Incomplete Itinerary**
- ✓ **Traveler does not submit/Reviewer does not forward voucher within 5 business days of completion of travel**
- ✓ **ATM Expenses not Separated**

FILLING OUT YOUR DD 1351-2



TRAVEL VOUCHER DD1351-2

TRAVEL VOUCHER OR SUBVOUCHER		Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. <input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ \$\$\$.			
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s)
6. ADDRESS. a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA
e. E-MAIL ADDRESS					10. FOR D.O. USE ONLY
7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES			a. D.O. VOUCHER NUMBER
11. ORGANIZATION AND STATION					b. SUBVOUCHER NUMBER
12. PERFORMING OFFICE (Last, First, Middle Initial)		13. DEPENDENT'S ADDRESS (Last, First, Middle Initial)			14. PAID BY

➤ Block 1 (Payment):

➤ EFT MANDATORY

➤ SPLIT DISBURSEMENT:

- Amount indicated is paid directly to Bank of America account
- Any or all can be sent to BOA
- Must indicate "ALL" or specific dollar amount



***Avoid
Late
Payments!***

SPLIT DISBURSEMENT



***Fast
and
Reliable!***

- ✓ **Department of Army has directed mandatory split payments for all military**
- ✓ **(EFT) payments only--not check payments**
- ✓ **Any portion or all of the travel payment can be sent to Bank of America charge card account**
- ✓ **Reviewing Official and Traveler determine Amount to be sent to BOA**
- ✓ **Any Voucher not having a check in Block 1 will not be processed. DFAS will attempt to call and resolve within 48 hours.**

TRAVEL VOUCHER

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2. NAME (Last, First, Middle Initial) (Print or type) Paid, Ivana B.		3. GRADE SPC/E-4	4. SSN 123-45-6789	5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA	
6. ADDRESS. a. NUMBER AND STREET P.O. BOX 123		b. CITY FORT DIX	c. STATE NJ	d. ZIP CODE 08640	
e. E-MAIL ADDRESS IVANA.B.PAID@US.ARMY.MIL		10. FOR D.O. USE ONLY			
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		b. SUBVOUCHER NUMBER	

➤ Block 2, 3, & 4: Self-explanatory

(Blocks 2 - 4: Compare with orders, if orders are incorrect, you must correct & initial orders)

➤ Block 5: TDY, Member, & Other

➤ Block 6:

- Column a - d: Indicate **PERSONAL** mailing address; this is where correspondence will be sent in case there is a problem with your paperwork
- Column e: valid e-mail address

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6. E-MAIL ADDRESS IVAN.B.PAID@US.ARMY.MIL		10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE 609-562-1234	8. TRAVEL ORDER/AUTHORIZATION NUMBER 12-456-07	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES NONE or \$\$\$\$.	a. D.O. VOUCHER NUMBER
11. ORGANIZATION AND STATION		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)	b. SUBVOUCHER NUMBER
12. DEPENDENT(S) (X and complete as applicable)			c. PAID BY
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED			
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP		
		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)	d. COMPUTATIONS
15. ITINERARY		c. MEANS/	d. REASON
		e. LODGING	f. SOC

- **Block 7: DAYTIME telephone #**
- **Block 8: Travel Order #, see block 22 of Orders**
- **Block 9:**
 - List ALL payments made for this TO# by any Finance Office for advances/accruals/previous settlements
 - Indicate Amount paid, Date paid, & DOV#
 - Do NOT list ATM advances/withdrawals
- **Block 10: Leave blank**

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6. E-MAIL ADDRESS			10. FOR D.O. USE ONLY		
7. DAYTIME TELEPHONE NUMBER & AREA CODE 609-562-1234		8. TRAVEL ORDER/AUTHORIZATION NUMBER 12-456-07		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES NONE or \$\$\$\$.	
11. ORGANIZATION AND STATION 72nd FA, FORT DIX, NJ			10. FOR D.O. USE ONLY		
12. DEPENDENT(S) (X and complete as applicable)			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		
<input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED			<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE	
15. ITINERARY			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED (X one)		
			<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		
			c. MEANS/ d. REASON e. LODGING f. SOC		

- Block 11 (Organization & station): Unit of Assignment (Permanent)
- Block 12 & 13 & 14: Leave Blank; for PCS travel only

TRAVEL VOUCHER

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15. ITINERARY			YES	NO (Explain in Remarks)	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
2005					
22 Jan	509 Any street, Anytown, SC 29210	(HAR)			
22 Jan	B CO 1/109 IN, Williamsport, PA 17701	TD			
25 Jan	(Home Station)	GB			
25 Jan	Ft Dix, NJ 08640 (Mob Station)	GP	TD		
30 May	IRAQ - OIF operations		TD		
10 Feb	Change Year 2005 to 2006	CP			
11 Feb	R & R leave (DA 31 Attached)		LV		
27 Feb		CP			
28 Feb	IRAQ - OIF operations		TD		
11 Jun		GP			
11 Jun	Ft Dix, NJ 08640 (Demob Station)		TD		
14 Jun		GP			
14 Jun	B CO 1/109 IN, Williamsport, PA 17701		TD		
g. SUMMARY OF PAYMENT					
(1) Per Diem					
(2) Actual Expense Allowance					
(3) Mileage					
(4) Dependent Travel					
16. POC TRAVEL (X one)		17. DURATION OF TRV TRAVEL	18. REIMBURSABLE EXPENSES		

➤ Block 15 Column c (mode of travel):

➤ Block 15 Column d (reason for stop):

- AT = awaiting transportation
- AD = authorized delay
- LV = leave
- TD = TDY
- MC = mission complete

TRAVEL VOUCHER

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TRAVEL VOUCHER OR SUBVOUCHER (Continuation Sheet)							PAGE 2 OF PAGE 2
4. NAME (Last, First, Middle Initial) (Print or type) Paid, Ivana B.							
15. ITINERARY						3. FOR D.O. USE ONLY	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	
2006							
16 Jun	DEP	B CO 1/109 IN, Williamsport, PA 17701					
16 Jun	ARR	509 Any street, Anytown, SC 29210		MC			
	DEP	(HOR)					
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						

TRAVEL VOUCHER

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ARR					(1) Per Diem	
DEP					(2) Actual Expense Allowance	
ARR					(3) Mileage	
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input checked="" type="checkbox"/> PASSENGER				17. DURATION OF TDY TRAVEL		(4) Dependent Travel
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS		(5) DLA
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(6) Reimbursable Expenses
30 May 05	LAUNDRY (\$2 x 129 DAYS)	\$ 258.00		<input checked="" type="checkbox"/> MORE THAN 24 HOURS		(7) Total 0.00
22 Jan 05 - 30 May 05						(8) Less Advance
30 May 05	M&IE \$3 x 129 Days	\$ 387.00				(9) Amount Owed 0.00
15 Jun 06	LAUNDRY (\$2 x 5 DAYS)	\$ 10.00				(10) Amount Due
	11 Jun 06 - 15 Jun 06			19. GOVERNMENT/DEDUCTIBLE MEALS		
15 Jun 06	M&IE \$3 x 5 Days	\$ 15.00		a. DATE	b. NO. OF MEALS	a. DATE b. NO. OF MEALS
10 Jun 06	M&IE \$3.50 x 359 Days	\$ 1256.50				
20. a. CLAIMANT SIGNATURE			b. DATE	c. SUPERVISOR SIGNATURE		d. DATE

➤ Block 18 (Reimbursable expenses):

- Column a: date expense occurred
- Column b: type expense, e.g. hotel taxes, tolls
- Column c: amount of expense

- More than 24

REIMBURSABLE EXPENSES



**Must
Be
Authorized!**

ATM Fees: Service members that
1) do not have a government charge card and
2) use their personal card can be reimbursed
any fees for making a withdrawal for travel.

Room Taxes: If travel occurred CONUS, room
taxes should be claimed in Block 18 (separately
from lodging expense). If OCONUS, do not
separate expense.

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				MORE THAN 24 HOURS		(10) Amount Due	
				19. GOVERNMENT/DEDUCTIBLE MEALS			
				a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
20. a. CLAIMANT SIGNATURE				b. DATE		c. SUPERVISOR SIGNATURE	
Ivana B. Paid				17 Jun 06		I.M. Charge	
21. a. APPROVING OFFICER SIGNATURE				b. DATE		d. DATE	
U. B. Bossman, MAJ, USA U. B. Bossman						17 Jun 06	
22. ACCOUNTING CLASSIFICATION							

➤ **Block 21 Column a (Approving officer**

➤ **Block 20:**

- **Column a: Traveler's signature**
- **Column b: Date (cannot be signed & dated prior to last day of travel)**
- **Column c: Supervisor's signature (must be signed by "reviewer" - see reviewer's checklist)**
- **Column d: Date signed (cannot be signed & dated prior to last day of travel)**

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PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, a "Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim under 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL /

GTR/TKT or CBA (See Note)
Government Transportation

29. REMARKS

a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:

1. Leave taken (11 Feb 06-27 Feb 06) DA 31 included.

b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

Remarks:

- Indicate all leave taken
- Travel related issues not straightforward on form
- Use to clarify anything out of the ordinary

Did You Know??



- Allows customer electronic access to:
 - **LES View/Print**
 - **Travel Voucher View**
 - **DFAS Vouchers Paid Within Last 6 Months**

<http://mypay.dfas.mil/>

TRAVEL PAY SERVICES
IVRS

1-800-332-7366 or DSN: 699

- Allows traveler to check (for past 90 days):
 - **Receipt of voucher**
 - **Payment of voucher**

Did You Know??



- Requirement for all soldiers;
sign-up at <http://www.U.S.Army.Mil>
- Automatically Sends Email to:
 - Notify Traveler When Voucher is Received by Servicing DFAS
 - Notify Traveler When Payment is Disbursed and the Amount
 - Provide Contact Information to Traveler for Servicing DFAS



QUESTIONS ?

